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ABSTRACT

Presented is the final report of a 5-week training program in principles and methods of teaching the mentally retarded for six regular teachers residing in rural areas of Idaho. The program included 4 hours of practicum experience daily and 2 hours of academic training on topics such as task analysis and prescriptive teaching. Listed are technical competencies required of trainees such as sequencing a program aimed at behavioral treatment. A major program objective is provision of services to preschool and school handicapped children in remote areas by the trained teachers. Appended are data on Idaho geographic regions and special education programs, a course syllabus and a listing of the handouts, a trainee evaluation summary, and an example of a criterion referenced daily exam. (DB)

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DIRECTOR'S REPORT

DISSEMINATION OF MENTAL RETARDATION SERVICES AND TREATMENT THROUGH RECRUITMENT AND TRAINING OF RURAL AREA TEACHERS
(Project #21-3114)

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Grant Period

July 1, 1972 to June 30, 1973

Grant #OEG-0-72-4290 (603)

Director:

Dr. James G. Morrey

Host Institution:

Southeast Idaho Child Development Center
Charles E. Vance, Director
Pocatello, Idaho 83201

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TABLE OF CONTENTS

	Page
Abstract	i
Background and Rationale	1
Problem	2
Objectives	2
Activities and Training Procedures - Administrative	3
The Child Development Training Program	6
Results	10
Summary	13
Conclusions and Recommendations	14
References	15
Appendix I	16
Service, Geographic and/or Socio-Economic Information	17
Letter, Idaho Department of Education (Schrag)	18
Map of the State and Region	19
Description of the Region	20
Appendix II	22
Course Syllabus	23
Handout Listing	59
Appendix III	61
Trainee Evaluation Summary	62
Example Criterion Referenced Daily Exams	65

A B S T R A C T

DISSEMINATION OF MENTAL RETARDATION SERVICES AND TREATMENT THROUGH RECRUITMENT AND TRAINING OF RURAL AREA TEACHERS
(Project #21-3114)

Idaho is a completely rural state where special education services have not been generally provided. In the population centers (seven in number, located regionally), Child Development Centers were established and charged with the responsibility of educating all handicapped individuals not receiving services through the schools. Each Center serves a vast geographic area, with the overall objective being to expand direct services to the rural constituent municipalities. The problem was that there were no people who were residents of these rural areas and who possessed the needed skills in child development and mental retardation. Our purpose was to provide specific child development and special education training to already qualified regular teachers who were residents of each outlying area.

The training program was conceived to be an intensive (eight hour per day) exposure to the principles and practices of child treatment as implemented by the sponsoring center. In the five weeks of concentrated study, the trainees engaged in four hours of varied practicum experiences and two hours of formal academic training per day. Each day's work was detailed in advance, and criteria for progression was specified on a daily basis.

Upon completion to criterion, the trainees returned to their home areas and were contracted by the Child Development Center to provide an extension of services to preschool handicapped children in the area. In addition, they were encouraged to act as resource persons for their local school in providing services to school age handicapped children.

As a result of this recruitment and training program for rural area teachers, mental retardation services have improved and further dissemination of services is underway. The existence of these services would not have been otherwise available.

Host Institution:

Southeast Idaho Child Development Center
Charles E. Vance, Director
Pocatello, Idaho 83201

Project Director:

Dr. James G. Morrey

FINAL REPORT

DISSEMINATION OF MENTAL RETARDATION SERVICES AND TREATMENT THROUGH RECRUITMENT AND TRAINING OF RURAL AREA TEACHERS
(Project #21-3114)

Background and Rationale

Rural areas have unique and pressing needs regarding teacher selection and training. This need is especially evident in provision of Special Education services. Many states are entirely "rural", and many more are "rural" to a vast extent. Idaho is an entirely rural state, and the dissemination of Special Education services has been a problem for years.

Special Education in Idaho has been experiencing expansion during the past few years, but the expansion has been sporadic and spotty. Where there is a major population center, there is usually some provision for exceptional children. In less populated areas, there may or may not be any provisions. Wherever the provisions exist, they are varied in the type of children they serve, the type of program they provide, and the requirements for the teacher(s) who are employed.

As indicated in Appendix I, the number of students served through Special Education in the school districts represents only about 15 percent of the individuals who had been identified as being in need of special help. This figure is somewhat inaccurate, since two factors have not been controlled: (1) attempts to identify all the exceptional children in each area were not as comprehensive as would be desired, and (2) three years have passed since the survey. A more accurate data presentation and analysis was, however, provided on request from the State Department of Education (also Appendix I - Schrag, Personal Communication, 1972) which essentially collaborates the earlier findings.

Historically, the training of more severely handicapped individuals has either not been done or has been relegated to the Idaho State School and Hospital (ISS&H), a residential institution in Nampa, Idaho. Distance, cost, and selection factors prohibited the use of the state training facility for any except the most severe cases. Children who fell into classifications between "slow learner" and "custodial" were essentially unserved.

The State Health Department was charged with the responsibility of operating the Idaho State School and Hospital; program development by schools had proceeded very erratically; and treatment was thus limited to only a small percentage of the retarded individuals in the state. For these reasons, the philosophy of the State Health Department rapidly shifted toward providing services on a community basis. The philosophy change was followed with legislative action to provide funds to establish regional "Child Development Centers",

with one or two new centers becoming operational each year until the present number of seven centers are in operation (see triangle markings on State map, Appendix I). Other than in the immediate areas served by the newly created Child Development Centers, there was still essentially no diagnostic or remediational services available to handicapped children in the outlying areas. This is particularly true for preschool age handicapped children. When the children become of school age, the problems which have been allowed to go essentially unchecked then become evident, but that is often too late. Due to the long delay, the problems have often magnified to the point where school is not recommended or where school is refused to the children. The only option left to the parents is to keep the child at home and, hopefully, make some effort to provide limited training to him, though they seldom have any preparation to accomplish this. For a general description of the area's characteristics, see Appendix I.

Problem

The map in Appendix I locates the centers. There are many "satellite" rural centers for each, but these have been pinpointed only for the Pocatello center. The eventual and stated goal of the Health Department's Division of Mental Retardation and Child Development (who established the Child Development Centers) was to continue to expand until direct services were available in these satellite areas. However, people who both lived in those rural areas and possessed the needed skills to provide special educational services locally and in line with those provided by the centers were not available.

The general problem, then, was the lack of services for handicapped individuals in rural areas due to the non-availability of trained professionals who live and work in rural settings. The specific problem which prompted this project centered on the training of professionals in order to extend services to outlying areas.

Objectives

In the process of further disseminating MR services to the communities involved, we basically proposed to do four things:

1. Provide specific Child Development and Special Education training to already practicing teachers who were then residents of each outlying area by replacing them for the purpose of resident supervised training through Idaho State University and the Southeast Idaho Child Development Center.

2. Contract the teachers to provide services to preschool age children, where treatment emphasis would be in four

areas: early language stimulation, social and self-help skills, behavior modification, and parent training.

3. Stimulate each school district to utilize these teachers in providing services (by consultation or direct instruction) to school age handicapped children.

4. Maintain a supervisory and advisory relationship with the teachers in the various areas to ensure continued application of specific treatment procedures and to ensure continued acceptance of subsequently identified children who need either short-term or long-term treatment within this model.

Activities and Training Procedures - Administrative

Teachers were identified and selected for retraining upon consideration of four variables: (1) they must have had some experience or training in education; (2) they must indicate in personal interview some concern for or interest in facilitating the education of handicapped children; (3) they must be a resident of the specific rural area where program expansion is projected; and (4) they must indicate a willingness to work for and under the direction of the Child Development Center. Teachers who were thus identified and accepted into our retraining program were to have been replaced by substitute teachers. This was to release them for four to six weeks of concentrated, intense, supervised practicum training with children in all phases of our presently operating Child Development Center classrooms located in Pocatello and on the campus of Idaho State University. Credit and supervision was arranged through the University, with substantive training also provided by university personnel in Special Education. The originally proposed timetable for training was modified at the request of BEH personnel as follows:

(See the next page.)

Table I: Changes in the Time and Activities Schedule

A. Originally proposed dates, trainees, and sequence of proposed activities:

Sept. 5 - 17	Plan and organize
Sept. 18 - Oct. 15	Train first group of two participants
Oct. 16 - Nov. 12	Refine training experiences & techniques
Nov. 13 - Dec. 10	Train second group of two participants
Dec. 11 - Jan. 14	Refine training program
Jan. 15 - Feb. 11	Train third group of two participants
Feb. 12 - May 18	Evaluate the training impact, procedures and outcomes

B. Modified training dates, trainees, and sequence of proposed activities:

July 10 - Aug. 10	Train first group of three participants
Aug. 11 - Oct. 9	Refine training program*
Oct. 10 - Nov. 10	Train second group of three participants
Nov. 11 - June 30	Evaluate and prepare final report

* Also included a training sequence for one person between Aug. 15 - Sept. 15.

These changes capitalized on the summer operation of our training center, the willingness of the University to provide credits on a basis outside its normal schedule, and that our intense practicum situations could easily accommodate three or four trainees at a time. More than one training session was desired, however, since the approach and the materials were new. A second session would allow the incorporation of refinements and a reduction of errors in the program.

The Child Development Training Program

Prior to the start of actual trainee contact, the project staff specified and delineated the approach and content in a syllabus (see Appendix II). This student packet contained day-by-day instructions, objectives, and activities to be completed by the trainees. Progress checks and criterion referenced tests were included (on a weekly basis for the first group; daily for the second). Examples of the daily criterion tests are included in Appendix III.

The project staff included the project director, Dr. James G. Morrey, a school psychologist, Mr. Fred Russell, and the head CDC teacher, Ms. Marcella Gould. Additionally, the remainder of the classroom related personnel of the CDC (six in number) were utilized in supervision and training as it related to their area of specialty.

The training program was conceptualized to be intensive and full time; of short duration; for specific skill training purposes; and criterion based for graduated competency development. Within these descriptive parameters, Figure 1 details the conceptual schemata for the program organization, content, and sequencing.

SEE FIGURE 1

As Figure 1 displays graphically, our program was conceptualized as having four major interacting components, yielding up to 50 individual cells of instruction. Our aim was to have academic[1] and practicum[2] experiences in a variety of locations[2] with a variety of clients[3] with intensifying involvement and responsibility over time[4].

The academic portion of the training program was thus supplemented by practical application experiences in each of three specifically identified classroom situations each day throughout the duration of each training period. Within each classroom there were three different types of training circumstances that were encountered, i.e. working with individuals, small groups, and parents. All of these experiences were different since each classroom was targeted to a different population of students. Our CDC classroom I was targeted toward early intervention with very young and quite severely handicapped children. The specific aim was to shape basic attention and response patterns through the use of enrichment materials and individualized activities. Life functioning skills such as feeding, toilet training, ambulation, etc. are included in the curriculum as needed.

The second practicum site (CDC II) was with somewhat older children who still function at a preschool level of ability. They range in age from 4 to 12 years. The development of school-entry-level skills is the objective, and a wide variety of individual programming is encountered.

1, 2, 3, & 4: See corresponding major component numbers on Figure 1.

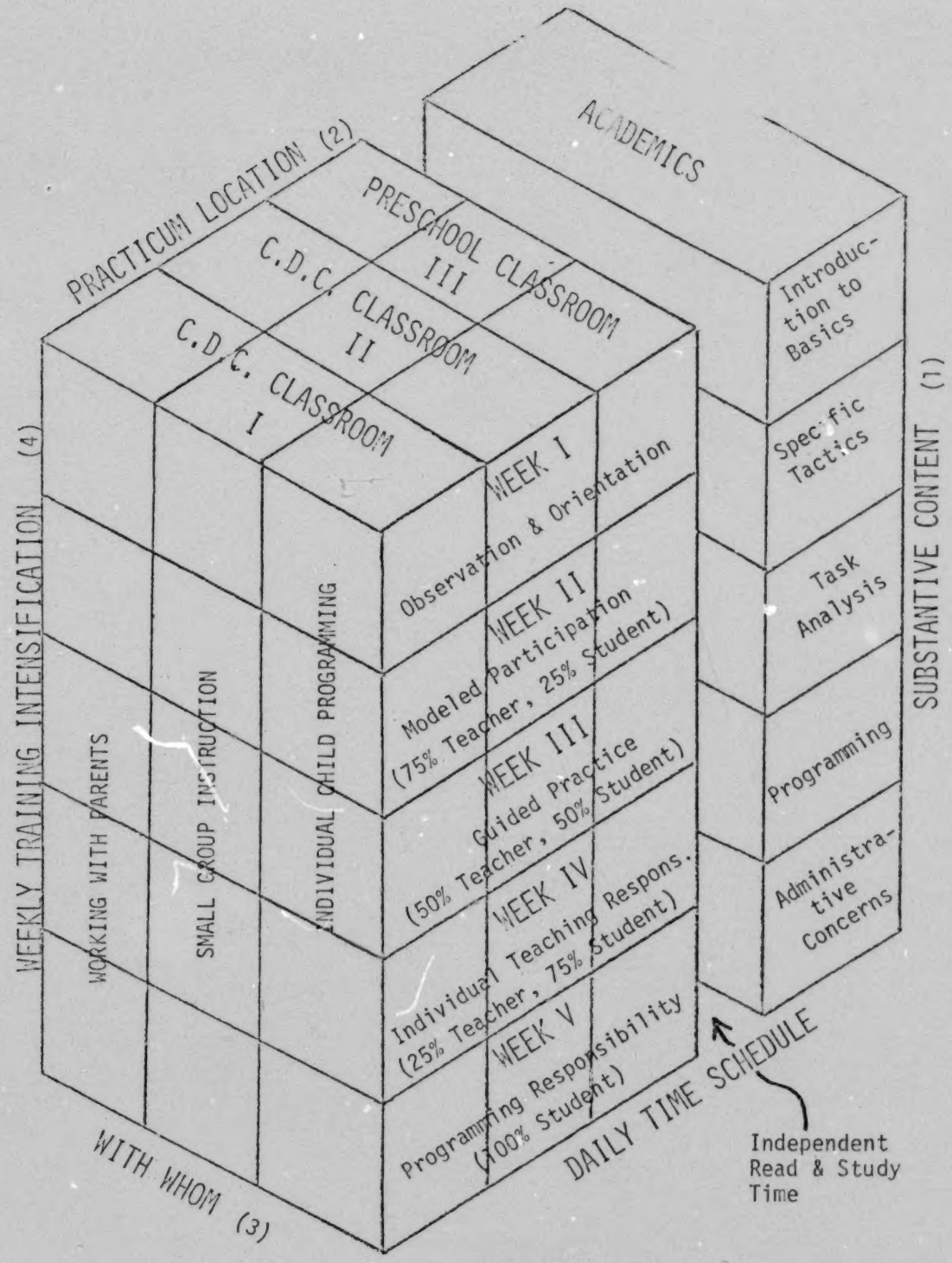

Figure 1: Training Cube Showing the Interrelationships Between Practicum and Academic Training with Their Various Components, and also Daily Sequences and Weekly Graduations.

Our preschool classroom (III) was composed of children who were identified as "high risk" for educational success on the basis of low measured performance on a screening instrument administered to kindergarten age children in the area. The purpose of this classroom was to develop attention and language responsiveness in a highly structured and success oriented environment.

In all of the classrooms, individual training efforts for individual children receives emphasis. The curriculum for each child is determined initially by behavioral assessment. Subsequently, the daily lesson plans for each child are determined from observations of the previous day's performance at various tasks. Each lesson plan is constructed to include the behavioral components of program; stimulus; response; contingencies; and consequences. By way of example, the teacher could program 15 minutes of Distar Language instruction. She would provide stimulus conditions to the child by saying such things as "point to . . . . .", "touch . . . . .", or "say what it is." If the child then responds by pointing, touching, or saying the appropriate answer enough times to satisfy the contingency, he obtains the teacher-given social consequences of "good", "that's right", and/or a tangible consequence of a goodie, such as sugar coated cereal, an M & M, a piece of popcorn, etc.

The responses a child makes are recorded each day and posted to a behavior chart. This chart allows a graphic and rapid overview of the precise performance of a child in a given subject over a long period of time, and facilitates decision making as regards curriculum, teacher tactics, or environmental influences.

The first student week consisted of introduction, registration, basic materials, and observation. The trainees, as a group, rotated hourly between the three practicum classrooms. The three regular teachers were thus involved initially for one hour a day each. They were responsible for explaining the classroom philosophy, operation, and processes. This was done through one-way glass where discussion would be minimally disrupting. This procedure also helped to facilitate the later involvement of the trainees with handicapped children by desensitizing them without the necessity of direct personal contact at the same time. During this remote observation, the teacher was to focus the attention of the trainees alternatingly from responses of the children to responses by the teacher working with them. The explanatory efforts of the teachers were expanded upon by the project staff, both during observation and during the academic class time.

Having completed a few days of orientation and observation, the group routines were dissolved, and the trainees were rotated hourly between the classrooms on an individual basis. For their individual training, they were then moved inside the classroom. During the following two weeks, they were increasingly involved in interaction

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with the children, starting with "in class observation" and instruction from the classroom teacher. Their involvement then progressed through modeled demonstrations of individual performance assessment, programming, and the use of specific teaching tactics and procedures to use as they would soon begin to work with the children. Data collection and record keeping skills were also explained in detail, and the trainees began to practice these skills.

Through successive approximation to teaching, the trainees were moved physically closer and closer to the real teaching situations, both with individuals and in small group instruction. By this time the trainees were beginning to feel at ease with the children and with other teachers. It was a relatively easy step, then, to begin involving the trainees with the direct teaching of children. The supervising teacher would explain what to do, show them how, let them try it, then critique them. Gradually, the trainees began to participate in selecting procedures, materials, and lesson plans as well as arranging the reinforcing events for the children.

The final two weeks of practicum graduated trainee responsibility even further. They were given the responsibility for planning, clearing with the supervisor, and conducting both individual and small group teaching sessions. The supervisors were still on hand, however, to support, observe, and critique.

The trainees were preparing to be rural area representatives of the Child Development Center. As such, they would be expected to conduct educational evaluations of preschool children in their area. They would be expected to do so independently of supervision and for the purpose of developing individual treatment programs to be conducted either by themselves or by the parents under supervision. Consequently, observation and discussion regarding individual educational evaluations was provided as often as new children were referred to our center while the training program was in progress.

We take the position that it is at least as important to work with the parents of handicapped children as it is to work directly with the children themselves. In terms of potential impact, parents have always been regarded as having a significantly better chance of influencing the growth and behavior of their children than any other person with whom that child comes in contact. At first our trainees just observed how the teacher engaged herself in training situations with the parent, and it was usually with the mother. Such contact was designed to help the parent supplement the efforts of the teacher by doing similar things in the home situation. Parent contact was sometimes made in the observation rooms outside the classroom; but as parent, trainee, and teacher confidence improved parent training was approached as a regular ongoing function within the classroom while the children were present. This (Parent training) is one aspect of working with handicapped children that, we believe, requires increased amounts of teacher effort.

Two-thirds of each trainee's day was spent in an actual practicum situation. Following those experiences, a period of time was set aside for the student to relax a bit and to read and study the textbooks and concepts they would later be held accountable for.

The final hour and a half of each day was formal classroom time. The theoretic and academic bases which corresponded with their practicum experiences were investigated. Most of the substantive content was interrelated, and we used the following books in our course of study:

1. "Individual Instruction" is a system that has grown from Larry Peters (1972) "Prescriptive Teaching" model. It is designed for use by teachers who work either exclusively with handicapped children or with those few children in a regular classroom whose performance is not on a standard with the majority of the students.

2. Individual Instruction can best be realized when the appropriate material has been properly sequenced, and graduated according to individual ability. "Planning An Instructional Sequence" (Popham, 1970) helps make sequencing easier for teachers to approach.

3. "Precision Teaching" (Kunzelmann, 1971) is the data collection and interpretation system used in our classrooms to evaluate both individual and group performance.

4. "Establishing Instructional Goals" (Popham, 1970) is always a necessary preconsideration wherever training programs are to be devised, sequenced and precisely administered.

5. That component of training referred to in our model as "working with parents" was enhanced by the use of a book by Gerald Patterson (Families, 1969) which investigates the social learning theory aspects of family life.

6. "Preventing Failure in the Primary Grades" was a reference book for all of the trainees. Although it was not necessarily a mandatory part of substantive curriculum, the book explains the concepts underlying Distar Teaching, or dynamic teaching as it has been labeled.

It was the task of our teacher trainers (the project staff) to properly sequence, instruct and precisely measure the performance made by the trainees throughout the program. On the basis of student performance, they were also charged with revising and expanding the training syllabus. A final copy of the syllabus is contained in Appendix II.

Successful completion of the training program required our trainees to develop the following technical competencies:

To be a CDC Rural Representative, a trainee will have to be able to:

1. Observe and conduct an educational evaluation on any child referred to the center from his area.

2. Precisely identify (pinpoint) several targets for remediation for a given child.

3. Systematically analyze the component remediational tasks, leading to the following steps:

4. Sequencing a program aimed at behavioral treatment.

5. Apply the program, utilizing principles of behavior management in combination with appropriate materials; e.g., Distar, Monterey, or teacher-made.

6. Achieve improvements in the performance of the child, or re-evaluate and reprogram.

7. Communicate the rationale, procedures, and outcomes of her treatment programs to other professionals and to the parents of the child in treatment.

Results

The same substantive content and similar practicum experiences were provided to each group of trainees. Some changes in the method of presentation and of evaluation were made as a result of experiences with the first group. As a consequence, our data are not directly comparable between groups. The information on individual criterion achievement is summarized for all participants in both groups in Table II:

SEE TABLE II

In the first group, only one person passed any criterion test at 90% or better on the first try. Grouped, 83% of the exams had to be taken a second time in order for the 90% criterion to be reached. Inversely, only 17% of the exams reached criteria on the first try.

Criterion for Successful Completion: 90% Accurate

		Trial	Individual Instruction 1st Half				Individual Instruction 2nd Half			Families				Planning An Instructional Sequence		
Group I 7/10/72 - 8/10/72	Andrea	1st	54				56			88.5				47		
		2nd	100				94			100				90		
	Greg	1st	70				62			84.2				58		
		2nd	100				90			92				97		
	Lynn	1st	83				80			99				92		
		2nd	96				92									
	Interim Trainee:															
	Marie	1st	86				91			100				89		
		2nd	90											90		
	Exam #'s		2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group II 10/10/72 - 11/10/72	RoseMary	1st	100	77	95	50	95	80	100	95	100	95	76	90	100	75
		2nd		100		100		100					100			100
	Pat	1st	100	100	95	79	90	100	100	100	98	100	100	100	100	100
		2nd				100										
	Alfreda	1st	100	50	83	79	90	97	100	60	100	90	93	90	100	90
		2nd		100	100	100				90						

Table II: Individual Trainees, Their Criterion Scores on First Trial, and Criterion Scores on Second Trial When needed.

By comparison, in the second group, most trainees achieved 90% or better on the first try with most of their exams. Totaled, only 22% of the exams had to be taken a second time. This means that 78% reached criteria on the first try.

A general test of teaching tactics and behavior management was given both before and after each training session. The specific test was not used as a teaching reference during training, although the content was on line with the course content. The pre- and post-test scores were as follows:

	Student	Pre-	Post-	Gain
1st Group	L	38%	61%	23%
	S	64	80	16
	St	64	86	22
	Group Average	55.3%	75.6%	20.3%
2nd Group	F	52%	84%	32%
	T	53	90	37
	W	49	72	23
	Group Average	51.3%	82%	30.6%

The second group of students began with lower scores and finished with higher scores than those achieved by the first trainees. In fact, a comparison of gain scores indicates 50% more efficiency for/with the second group. This data is consistent with the finding of increased criteria achievement on daily tests as reported above for the second group.

Upon satisfactory completion of the training program, the trainees were employed by the Child Development Center to act as their local rural representative. Of the seven trainees (6 regular; one additional) to complete the course, six were hired. One trainee was judged unsatisfactory during the practicum component of the program, and consequently was not hired. Subsequently, one of the employed trainees resigned her position after serving about two-thirds of the school year. The remaining five employees are located (as shown on the map in Appendix I) in Bannock, Bingham, Onieda, and Power Counties, and on the Bannock-Shoshone Indian Reservation of Fort Hall (the employee is herself a full-blooded member of the tribe).

The employees are contracted for varying amounts of time according to the needs of the area along CDC lines. Three are full-time; one is half-time, and one is one-fourth time. Three of the five are also working in the local school system, to provide services (by consultation or direct instruction) to school age handicapped children. During that part of their contract which is CDC supported, the new employees are providing services to and for preschool age handicapped children. These services include (a) early language stimulation, (b) social and self-help skill training, and (c) assistance and education to parents and other potentially concerned persons.

As a result of this recruitment and training program for rural area teachers, mental retardation services have improved, and further dissemination of services is underway. In the five currently staffed employee locations, there are 58 preschool handicapped children being served directly; 61 parents in periodic contact with a local resource person; and 40 children receiving indirect services through the schools. These are services which would not have been otherwise available.

The rural representatives are in supervisory and advisory contact with staff from the CDC on a periodic basis. This is to provide open and easy avenues of consultation in addition to the stated purposes of ensuring (1) continued application of specific treatment procedures and (2) continued efforts at identification and acceptance of subsequently referred children and their families.

On the basis of the above information, we can state that the program achieved it's stated objectives as listed in pages 2 and 3 of this document.

Summary

Idaho is a completely rural state where special education services have not been generally provided. In the population centers (seven in number, located regionally), Child Development Centers were established and charged with the responsibility of educating all handicapped individuals not receiving services through the schools. Each Center served a vast geographic area, with the overall objective being to expand direct services to the rural constituent municipalities. The problem was that there were no people who were residents of these rural areas and who possessed the needed skills in child development and mental retardation. Our purpose was to provide specific child development and special education training to already qualified regular teachers who were residents of each outlying area.

The training program was conceived to be an intensive (8 hour per day) exposure to the principles and practices of child treatment as implemented by the sponsoring center. In the five weeks of concentrated study, the trainees engaged in four hours of varied

practicum experiences and two hours of formal academic training per day. Each day's work was detailed in advance, and criteria for progression was specified on a daily basis.

Upon completion to criterion, the trainees returned to their home areas and were contracted by the Child Development Center to provide an extension of services to preschool handicapped children in the area. In addition, they were encouraged to act as resource persons for their local school in providing services to school age handicapped children.

As a result of this recruitment and training program for rural area teachers, mental retardation services have improved and further dissemination of services is underway. The existence of these services would not have been otherwise available.

Conclusions and Recommendations

The provision of rural area services to handicapped individuals can be speeded by augmenting the training of persons who are already trained in teaching skills and who have a commitment to an area by virtue of their residence. It is possible for this supplementary and specific purpose training to be provided with a minimum of lost time to a school district and without undue expense.

Where different agencies can cooperate in the planning and conduct of needed programs, all can benefit. In this case, the individual school district gained a teacher with increased and needed competencies; the university gained by providing a training service; the Child Development Center gained the addition of trained, competent staff to help in the accomplishment of their objectives; and the individual trainees gained in skills and competencies.

The training model which was developed in and for this project is workable, productive, and adaptable for use by others faced with a training problem.

There was one component which received a low student evaluation: Parent Training. This is regarded as being an essential component of working with handicapped children in any capacity, and future training programs will include a heavier emphasis in this regard.

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APPENDIX I

- Services, Geographic and Area Information
- Letter, Idaho Department of Education (Sc[illegible]g)
- Map of the State and Region
- Description of the Region

SERVICE, GEOGRAPHIC AND/OR SOCIO-ECONOMIC INFORMATION

Idaho State University is the only state university serving Southeastern Idaho. The University of Idaho, located at Moscow, is over 600 miles away. Each university tends to serve their respective geographic area in providing trained leadership in the State of Idaho.

The need for trained teachers in the area of the mentally retarded is highlighted by a 1969 survey be the Idaho State Department of Education in which teachers rated students as to special needs. The survey indicated that there were over 10,000 students with special educational needs. Approximately one-half of this population was retarded. At present, the retarded classes in the state enroll approximately 1,200 students. This indicates approximately 4,300 retarded students in the State of Idaho without special help. This data has been updated in 1972 to include all special education services (Schrag, Personal Communication, 1972.)

While it is not considered feasible or practical to establish segregated classrooms in the remote and sparsely populated areas of the state, there is great need for resource rooms and resource teachers to assist the general classroom teachers and thus help provide for the individual needs of individual handicapped children.

The State of Idaho has acute and desperate general and special education needs. The state has little industry. Therefore, the main tax revenues are acquired through property tax. The lands of the state are divided as follows: 70% under state and federal domain which is non-taxable and 30% publicly owned which is on the tax rolls. In spite of high tax levies imposed upon the individual property owner, the tax revenues are insufficient for the school system within the state. The average state expenditure per student is $315.00.

STATE OF IDAHO
DEPARTMENT OF EDUCATION
IDAHO STATE OFFICE BUILDING
BOISE, IDAHO 83707

D. F. ENGELKING
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

December 7, 1972

Dr. James G. Morrey, Ed. D.
South East Idaho Child Development Center
421 Memorial Drive
Pocatello, Idaho 83201

Dear Jim:

The enclosed data sheets show that we are serving 3,726 handicapped elementary and secondary students in state approved Special Education programs. If you put this figure over 91,847 total elementary students enrolled, we are serving approximately 4.05%. If you put this figure 3,726 over 184,663, total school-age (elementary and secondary) children, we are presently serving approximately 1.35% of the school-age population.

If you compare 1.35% of school-age children served with a national estimate of 12% that need services--I would say a need for more programs and teachers is evident.

I hope this data will help you. If I can help you further, please write.

Sincerely,

Judy

Judy A. Schrag, Ed. D.
Resource Coordinator
Project Outreach-Idaho

JAS/pll

Enclosures

District	District Number	Number of Special Programs	Number of Teachers	Number of Children Served	Total Elem.
Bonners Ferry	101	2	2	32	845
Nampa	131	13	13	161	2,820
Caldwell	132	4	4	61	2,054
Cossa-Caldwell	139	6	6	79	1,055
Mountain Home	193	2	2	20	2,189
Challis	181	1	1	12	209
McCall	421	1	1	20	374
Moscow	281	7	7	104	1,270
Gooding	231	1	1	30	512
Burley	151	4	4	68	2,355
St. Anthony	215	9	9	141	1,211
Post Falls	273	5	5	142	896
Weston	202	1	1	31	187
Craigmont	305	1	1	18	169
Tetonia	401	2	2	29	317
Cascade	422	1	1	19	125
Soda Springs	150				
Preston	201				
*TOTALS		266	266	3,726	90,483

NOTE: The total number of school districts in Idaho is 115.

*Two districts have not yet reported.

Physical Handicapped	25
Speech Impaired	15
Emotionally Disturbed	125
Trainable Mental Retarded	254
Educable Mental Retarded	1,256
Perceptually Impaired	1,813
Other Handicapped	21
Unstated	100
Combination	117
TOTAL	3,726

REGION VI CDC

Δ Child Development Center & Idaho State University

O Rural Locations of Trainees

* Planned Future Extension

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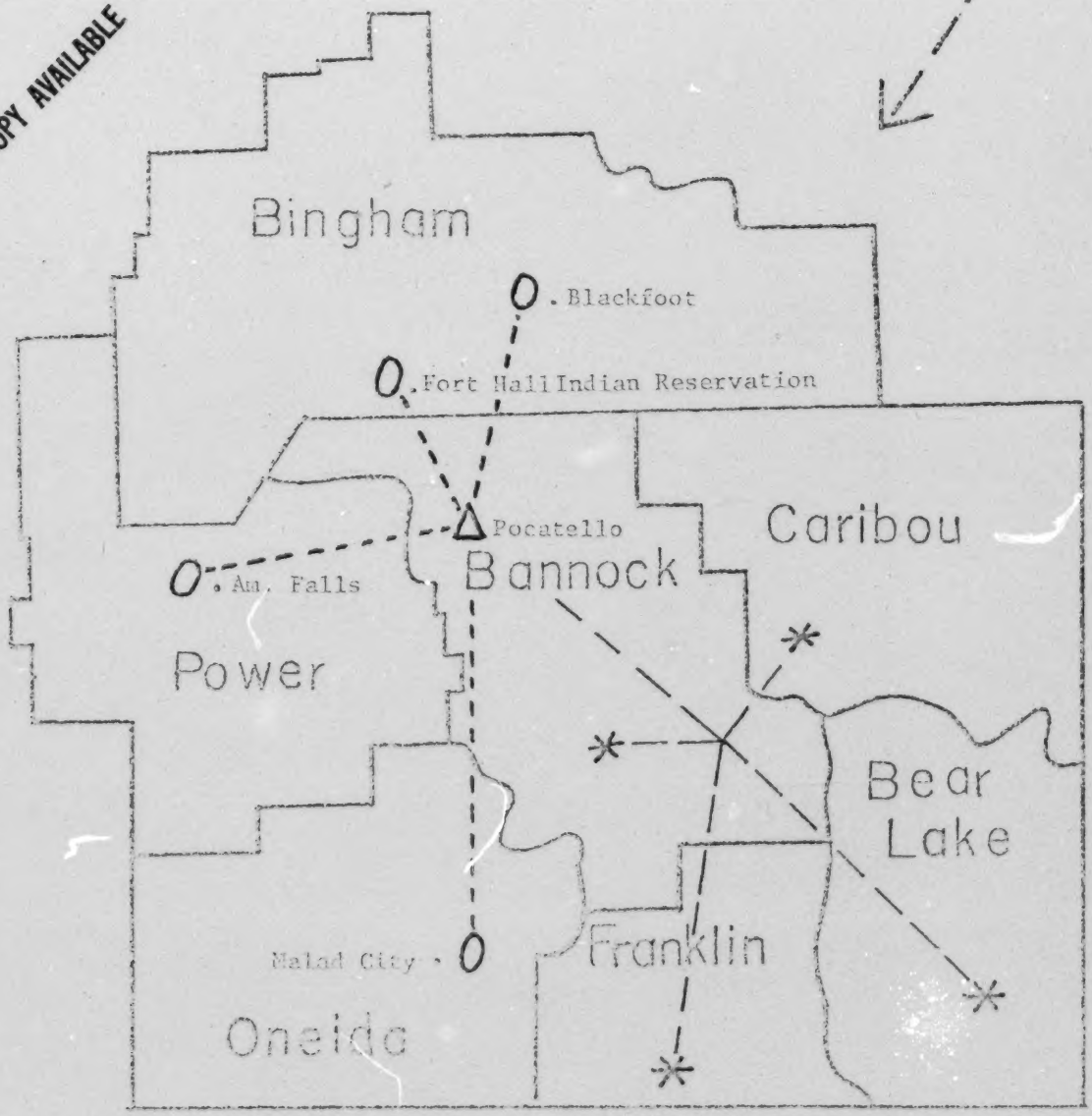

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APPENDIX III

GENERAL DESCRIPTION OF THE REGION SERVED BY SEICDC

The Southeast Idaho Child Development Center serves a region composed of seven counties: Bannock, Bingham, Bear Lake, Caribou, Franklin, Oneida, and Power. The combined population (1970 census) of these counties is approximately 108,000. Almost one-third of this population is located in the city of Pocatello, which is the major city located in the area. The remainder of the population is widely scattered over 8,248 square miles.

All of the area is predominantly rural in its make-up and extremely parochial in its attitudes. The delivery of health and education services is complicated and hindered by the rugged geographical barriers in the form of high mountain ranges, severe winter weather, and the Snake River plain. It is further complicated by the sparsity of settlement in each region and because each region is in turn culturally isolated and has tended to resist the introduction of these services. Health services in the past have been generally available only in the counties of Bingham, Bannock, and Butte. The remaining counties, until the recent enactment of the districting law, have had only those services which were state supplied; and these were very minimal, generally limited to the services of a part-time sanitarian, usually centrally located and itinerant over a wide geographic area.

The population of the SEICDC service area (108,803) indicates that approximately 35,000 students of school age dwell within the area. Using the nationally accepted estimate for incidence of retardation (3% of school-age population), we compute the existence of about 3,264 retarded individuals within the region's boundaries. This is regarded as being a very conservative estimate, however, since the outward mobility of the mentally retarded is restricted. The general mobility pattern of the rural areas has been for the higher ability individuals to leave. This is supported by the census finding that all of the counties except Bannock and Bingham had lost population since the 1960 census. In addition, the Fort Hall Indian Reservation and the Negro and Spanish American populations of the area tend to have a higher incidence of retardation due to cultural factors. There are approximately 2,900 Indians, 900 Negroes, and 700 Spanish Americans in the region. Surveys conducted by the Idaho State University College of Education show that only about 300 of the area's retarded individuals are receiving any type of special education services, although many more have been reported by teachers as being in need of services. Only Bannock and Bingham Counties have resident school psychologists and social workers.

It should be noted that these figures deal only with those individuals who have been diagnosed as retarded. Services are provided by the Child Development Centers to many other handicapped individuals, including epileptics, cerebral palsied, language disorders, learning disabilities, and neurological impairments.

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APPENDIX II

- Course Syllabus
- Handout Listing

COURSE CONTENT

for

SEMINAR

in

Behavior Management in Child Development

and

Mental Retardation

PRACTICUM

in

Child Development

EXPLANATION

This book has been compiled for the convenience of you the trainee during your course of study at the Child Development Center. It is set up on a day by day basis to inform you of the exact course content. There will be a degree of flexibility although this outline will be followed as closely as possible. All necessary material has been included along with supplementary handouts and paper for daily note taking.

The program is essentially in two parts. Each day, you will spend approximately four hours in practicum training, divided between the two classrooms downstairs in the Child Development Center building. Another hour and a half will be spent with your instructors in formal lecture-discussion periods. There will also be one hour daily of study time or time to be used completing assignments, taking tests, or continuing discussions. A schedule will be provided.

This program has been designed to include basic training in behavior modification principles and procedures. A considerable amount of information has been crowded into the four week training period. You will be held responsible for any material presented. Graduate credit will be given for the coursework from Idaho State University. Grades will be determined on a criterion basis, completion of the practicum experience and a 90% accuracy level being attained on daily examinations.

Following the course of study, you will be able to function within your community as a representative of the Child Development Center and successful completion of the course will make you eligible for part-time employment with the Child Development Center. A staff member of the Center will be periodically in your area to function as a supervisor and help you in establishing and carrying out educational programs.

Good luck during your training program. Feel free to contact the staff members of the Child Development Center for any assistance you might need during your program.

Day One ----- October 10, 1972

ORIENTATION

1. TIME: One Day

2. ACADEMIC MATERIAL

   A. Textbooks

      a. Peter, Laurence J., Individual Instruction. McGraw Hill, 1972. Programmed text with workbook. This text is designed for planning and implementing individual prescriptive teaching programs based on social learning theory.

      b. Patterson, Gerald R., Families: Applications of Social Learning to Family Life. Research Press, 1971. Research and suggestions for parent training in behavior management skills and its application to ordinary family problems and problem children.

      c. Popham, J. W. and Baker, Planning An Instructional Sequence. Prentice-Hall, Inc., 1970. Programmed text designed to give suggestions on how to sequence learner behaviors and establish appropriate practice. Also gives good suggestions on how to do evaluations of learner behavior.

   B. Other textbooks will be used, or portions will be duplicated when specific information is needed.

   C. Criterion Checklist

      a. This list is to be kept by you as a reminder of tasks left to do and should be kept current on a daily basis. After you have completed an item on the checklist, indicate by either you or your supervisor checking the appropriate box.

   D. Film: "Rewards and Reinforcements in Learning"

      a. This film demonstrates basic components of behavior modification with individual children and small groups. It stresses the use of appropriate reinforcers and sequencing presentation of tasks.

   E. Teacher Training Pretest

a. You will be expected to complete a pretest over behavior modification principles. It is not expected that you will know all the information contained in the test. It is for research purposes and your grade will not be contingent on your performance on this test.

F. Handout #19: Class Content for CDC #2
This handout is a brief outline of the programs and materials used with the children in CDC #2, the older children, the preschool age materials and how they do their programming.

3. PRACTICUM EXPERIENCE

A. Classroom visits: You will visit both classrooms in the Child Development Center building. An explanation of their function, the types of children in each and the programs being conducted. The facility will be explained in reference to the children's needs. You will be familarized with the observation rooms, the supervising teacher's office, the bathroom arrangement, etc.

B. Introduction to the Staff Members: You will be introduced to the various staff members and their relative positions on the staff. They will explain their assignments and job descriptions to you. At this time, we will discuss with the staff members what their responsibility in your training program will be and what your relationship and responsibilities as a student functioning in their classrooms will be.

4. CRITERION REFERENCE

A. There will be no criterion reference items with the exception of the Teacher Training Pretest.

DAY TWO ------ OCTOBER 11, 1972

OBSERVATION

1. TIME: Day one of two days (morning only)

2. ACADEMIC MATERIAL

   A. Handout #14 -- Classifications of the Mentally Retarded
   This handout was designed to familarize you with terms, both medical and non-medical, which are commonly used. Often you will be confronted with these terms upon referral from physicians, mental health centers, and other places. It also lists some causitive factors with rates of incidence.

   B. Handout #11 -- Developmental Scale
   One of many types of developmental scales available in the literature. Gives broad classifications and descriptions of what sorts of things children should be doing at given ages.

   C. Handout #18 -- Behavior Modification Bibliography

   D. Assignment: Read preface and introduction in Individual Instruction and complete exercises in Chapter I of the workbook.

3. PRACTICUM EXPERIENCE

   A. You will observe both CDC #1 and #2 classrooms with one of your supervisors. This will be done from the observation rooms. The supervisor will point out such things as: materials being used, types of reinforcements being used, adaptive and maladaptive behaviors of the children, etc. Please ask any questions.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Title and authors of your texts with brief description

   B. Name and titles of Child Development Center staff members

   C. Functions of CDC classrooms #1 and #2

   D. Film: "Rewards and Reinforcements in Learning"

DAY THREE ------ OCTOBER 12, 1972

OBSERVATION

1. TIME: Day two of two days (morning only)

2. ACADEMIC MATERIAL

   A. Handout #16 -- Behavioral Definitions
   This handout includes nine basic terms with definitions and examples. Includes a short discussion of shaping techniques, schedules of reinforcement, and methods of objective recording.

   B. Film: "Juniper Gardens"
   This film concerns behavior modification programs with preschool ghetto youngsters using parents as teachers. It was conducted by the University of Kansas. Demonstrates how parents with very little formal education can be taught to conduct remedial programs successfully.

   C. Assignment: Read Chapter 2 in Individual Instruction and complete the workbook exercises for Chapter 2.

3. PRACTICUM EXPERIENCE

   A. Today, you will observe with your supervisors in the two CDC classrooms. Similar things will be pointed out and questions are encouraged.

   B. You will also observe your supervisor with one or more parent(s) and participate in a discussion following the parent meeting so that techniques, and content of what took place can be pointed out.

   C. During observation in the classroom, emphasis will be placed on watching the teacher's reaction to certain adaptive and maladaptive behaviors.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Preface and introduction to Individual Instruction; check workbook assignment

   B. Adaptive and maladaptive behaviors observed in the classrooms and the teachers' reaction to them

   C. Handouts #11 and #14

DAY FOUR ------ OCTOBER 13, 1972

DISTAR WORKSHOP

1. TIME: One day length; no practicum, afternoon lecture

2. ACADEMIC MATERIAL

   A. Presentation of the Distar method in language, reading, math by Child Development Center staff member. You will participate in the discussions that are concurrent with demonstration and will practice with a child under the direction of the instructor.

   B. Handout #20 -- Hand Signals for using Distar
   This material gives illustrations and examples of the use of hand signals when using the Distar method. You will be practicing these hand signals today and watching the instructor use them with children.

   C. Handout #25 -- Clinical Procedures and Phrases (Distar)
   Handout #26 -- Basic Procedures and Phrases for Distar and Programmed Reading
   These two handouts are, again, supplementary reading. The information contained in them will be discussed during the workshop and in lecture following it. Since Distar training will be a large part of your training program it is suggested that you read these carefully with the idea of asking questions on specific parts of the program.

   D. Assignment: Read Chapter 3 in Individual Instruction and complete the workbook exercises for Chapter 3.

3. PRACTICUM EXPERIENCE

   Today there will be no formal practicum separate from the Distar workshop.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Handout #16

   B. Film: "Juniper Gardens"

   C. Chapter 2, Individual Instruction; check workbook assignment

DAY FIVE ------ OCTOBER 16, 1972

PEABODY MATERIALS WORKSHOP

1. TIME: One morning

2. ACADEMIC MATERIAL

   A. Presentation of the Peabody Language Development Kits by consultant. As with the workshop yesterday, the materials will be discussed and presented simultaneously in a practicum situation. You will be expected to participate in discussion and presentation of the items to children from the CDC classrooms, under the supervision of the instructor. General statements regarding language development and disorders of language will be given.

   B. Handout #12 -- Expressive Language Program (#1 through #6)
   This is the language development program used in the Child Development Center classrooms, particularly CDC #2. You will be expected to become familiar with this program and use it in your practicum experiences. It is not an adjunct to the Peabody Program or materials but separate.

   C. Handout #1 -- Language Stimulation
   Non-programmed series of activities like table games, using toys, finger exercises, modeling and imitation of sounds. Used with the younger children in CDC #1.

   D. There will be a discussion of general language development, the language experience methods in teaching reading and oral language expression, and materials for these methods.

   E. Assignment: Read Chapter 4, Individual Instruction and complete the workbook exercises for Chapter 4.

3. PRACTICUM EXPERIENCE

   There will be no formal practicum separate from the Peabody workshop.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Handouts #20, #25, and #26

   B. Chapter 3, Individual Instruction; check workbook assignment

DAY SIX ------ OCTOBER 17, 1972

INSTRUCTIONAL OBJECTIVES

1. TIME: Day one of two days

2. ACADEMIC MATERIAL

   A. Handout #13 -- Refining Instructional Objectives
   Small course in writing instructional objectives in behavioral terminology. Gives examples, words and phrases to avoid and to use appropriately, gives appropriate practice in writing objectives. It is not specific to special education or to programming for the mentally retarded. However, your instructors will attempt to make the information relevant to your training and the children you will be working with.

   B. Film: "Who Did What To Whom?"
   This is a programmed film with a teacher's guide. It is shown in small sequences with discussion questions following each sequence. It depicts behavior interactions between people in the home, office, school, etc., with descriptions of what happened and how it could have been handled differently.

   C. There will be a discussion of social learning theory made relevant to the film as well as the general background for the development of numerous behavior modification programs.

   D. Assignment: Chapter 5, Individual Instruction, complete workbook for Chapter 5.

3. PRACTICUM EXPERIENCE

   A. You will pick four students, two from CDC #1 and two from CDC #2 and write instructional objectives for their programs. You need not finish this today since there will be another day devoted to learning instructional objectives. At that time, the objectives you have written will be checked.

   B. Today, you will begin using Distar with at least one child in CDC #2. This will be supervised practice for short periods. You will be able to watch an instructor in a one-to-one teaching session and model your performance. There will be ongoing criticism as you practice.

   C. Also today, you will begin using the Expressive Language Program with at least one child in either classroom, again, under supervision with ongoing criticism as you practice with a child and an instructor.

4. CRITERION REFERENCE

You will be expected to complete items, at 90% accuracy on:

A. The Expressive Language Program and the Distar Programs

B. The Peabody Language Development Kits

C. Chapter 4, Individual Instruction; check workbook assignment

DAY SEVEN ------ OCTOBER 18, 1972

INSTRUCTIONAL OBJECTIVES

1. TIME: Day two of two days

2. ACADEMIC MATERIAL

A. Assignment: Read Chapter 6, Individual Instruction; complete exercises in workbook for Chapter 6.

B. Criterion Test: A criterion reference test from the text, Establishing Instructional Goals (Popham & Baker) will be administered to you. The purpose of this test is to find out how well you have assimilated the material presented over the past two days on writing instructional objectives. It will not count toward your grade and will be administered only once. It will give your instructors an indication of what aspects of writing instructional objectives need more emphasis.

C. You will practice writing instructional objectives in lecture period with your supervisor giving you immediate feedback and corrections.

3. PRACTICUM EXPERIENCE

A. You will continue with the four students you picked yesterday and go over the objectives you have written with your instructors.

B. You will also continue working with individual children in the Distar and Expressive Language Programs.

4. CRITERION REFERENCE

You will be expected to complete items, at 90% accuracy on:

A. Chapter 5, Individual Instruction; check workbook assignment.

B. Film: "Who Did What to Whom?"

C. Handout #13.

DAY EIGHT ------ OCTOBER 19, 1972

CHILD DEVELOPMENT

1. TIME: One day

2. ACADEMIC MATERIAL

   A. Assignment: Read Chapter 7, Individual Instruction; complete exercises in workbook for Chapter 7.

   B. We will refer back to Handouts #11 and #14 with regard to various students you have observed and/or have been working with in CDC classrooms #1 and #2.

   C. Handout #5 -- Denver Developmental
   This scale was developed to give teachers a criterion reference for beginning a motor development and/or social skills programming effort on an individual basis. CDC classroom #1 uses the items in this scale. We will discuss the levels, methods of presentation, and ways of beginning programming using the scale.

   D. We will discuss the results from the criterion test taken from Establishing Instructional Goals to inform you of any deficits in your knowledge level in writing instructional objectives.

   E. Handout #24 -- Overview of Mental Retardation
   This handout discusses definitions, classifications, incidence, diagnostics, etc., of mental retardation.

3. PRACTICUM EXPERIENCE

   A. You will identify the developmental problems and levels of four students, two from each CDC classroom. This should be put in written form with your justifications and how you would begin initiating a program.

   B. You will continue working with individual children with Distar and the Expressive Language Program.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Chapter 6, Individual Instruction; check workbook assignment

   B. Writing instructional objectives which will be turned in.

DAY NINE ------ OCTOBER 20, 1972

PARENT CONTACTS

1. TIME: One day

2. ACADEMIC MATERIAL

   A. Assignment: Read Chapter 8, Individual Instruction; complete exercises in workbook for Chapter 8.

   B. Handout #6 -- Suggestions for the Unmotivated Child
   This handout is intended to give concrete methods for use with individual children in setting appropriate reinforcers. Read this with the information contained in Chapter 7 of Individual Instruction on how to select effective elicitors and reinforcers.

   C. Assignment: Read Sections I and II, Families.

   D. Ms. Gould will lecture to you on the parent training procedures she has developed and uses with individual childrens' parents and parent groups.

   E. Film: "I'm Ready Mom, Are You?"
   This film depicts toilet training procedures and gives suggestions. Pay close attention to the principles used in toilet training that can be generalized to other situations in the home.

   F. Handout #10 -- Enrichment Activities.
   This contains supplementary activities used in CDC #1 on a behavior contingent basis along with the regular curriculum.

3. PRACTICUM EXPERIENCE

   A. You will attend and participate in a parent training group conducted by your supervisor. There will be a discussion following to point out the techniques used.

   B. Continue with practice, under supervision, of using Distar and the Expressive Language Program with individual children.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Chapter 7, Individual Instruction; check workbook assignment

   B. Handout #5

DAY TEN -- OCTOBER 23, 1972

PRECISION TEACHING

1. TIME: Day one of three days

2. ACADEMIC MATERIAL

   A. Assignment: Read Chapter 9, Individual Instruction; complete exercises in workbook for Chapter 9.

   B. Handout #15 -- Instructional Program for Pinpointing and Recording
   This paper is designed to give you an initial set of behaviors which are critical for classroom measurement. It reflects an attempt to standardize the measurement of behavior found in classrooms.

   C. Handout #27 -- Chapters on Pinpointing and Charting from Precision Teaching textbook.
   This is basic and complete data on recording techniques, and will be supplemented by information given in lecture.

   D. Handout #3 -- Six Cycle Graphs
   This is the graph used in the CDC classrooms and in most behavior modification programs. You would thoroughly familarize yourself with this graph as all data recording will be done on it and program changes implemented from the results taken from it. We will discuss the features of the graph and practice with it.

3. PRACTICUM EXPERIENCE

   A. You will begin this week working with Distar and the Expressive Language Program with small groups. This sequentially follows in the Distar Program and involves different techniques. This will be with supervision.

   B. Also this week you will begin conducting the storytelling period in both CDC classrooms. The emphasis will be on management techniques with groups, group contingent responding, group reinforcement techniques, etc.

   C. Today, you are to choose at least one child from each classroom to begin precision recording on, in preparation to do programming for this child.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Chapter 8, Individual Instruction; check workbook assignment

   B. Sections I and II, Families

   C. Parent Training Procedures

DAY ELEVEN -- OCTOBER 24, 1972

PRECISION TEACHING -- TASK ANALYSIS & PROGRAMMING

1. TIME: Day two of three days

2. ACADEMIC MATERIAL

   A. Lecture will be given on teacher made materials with reference to the tasks analyzed and the specific programming done. Emphasis will be placed on modification of published materials and materials already in use in the classroom.

   B. Assignment: Read pages 1 through 25, Planning An Instructional Sequence.

   C. Lecture will be given on the various methods of analyzing data collected, the tasks needed and programming methods. Also, how these programs are written and distributed.

3. PRACTICUM EXPERIENCE

   A. Today you will begin data collection on the children you chose yesterday. This recording will continue for a week then checked for accuracy.

   B. The supervisor will go over the programming that is already in operation for children currently enrolled in the CDC classrooms. Rationale for the sequencing and materials used will be given.

   C. You will continue working with small groups in Distar and Expressive Language.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Chapter 9, Individual Instruction; check workbook assignment.

   B. Handout #15

   C. Handout #27

DAY TWELVE -- OCTOBER 25, 1972

PRECISION TEACHING - IS - DOES ANALYSIS AND CRITERION REFERENCE TESTING

1. TIME: Day three of three days

2. ACADEMIC MATERIAL

   A. Assignment: Read pages 25 through 61, Planning An Instructional Sequence

   B. Handout #22 - Is-Does Plan Sheet
   The purpose of this program is to instruct you in how to use a behavioral formula as a method of analyzing the classroom environment. It is a reference point for knowing where programming change is needed.

   C. Your supervisor will demonstrate how to use an Is-Does Plan Sheet with a CDC student's data, and how programming progressed through its use.

   D. There will also be a demonstration of how Distar and Expressive Language data can be programmed for the Is-Does Plan Sheet.

3. PRACTICUM EXPERIENCE

   A. There will be a demonstration of criterion reference testing by your supervisor on one child from each CDC classroom.

   B. Your supervisor will be responsible for contrasting for you the information gained from criterion testing and standardized testing as applied to individual programming.

   C. You will be responsible for the management of one child (programming from existing data) who is exhibiting a behavior disorder in the classroom.

   D. You will continue with Distar and Expressive Language Programs with small groups.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Lecture on individual programming and task analysis.

   B. Pages 1 through 25, Planning An Instructional Sequence.

DAY THIRTEEN ------ OCTOBER 26, 1972

CLASSROOM MANAGEMENT TECHNIQUES

1. TIME: Day one of two days

2. ACADEMIC MATERIAL

   A. Assignment: Read pages 64 through 84, Planning An Instructional Sequence

   B. Assignment: Read Chapter 10, Individual Instruction; complete exercises in workbook for Chapter 10.

   C. Lecture on the various techniques for classroom management from Becker, Englemann & Thomas' book, Teaching: A Course in Applied Psychology and Homme's book, Contingency Contracting in the Classroom. These books have excellent sections on ideas useful in the classroom, and are very specific.

   D. Handout #17 -- Classroom Management: An Empirical Approach (Lovitt) This paper is divided in two halves, the first is a report of related and select research articles and the second a series of suggestions and methods of managing classroom behaviors.

3. PRACTICUM EXPERIENCE

   A. Your supervisor will demonstrate classroom management techniques in CDC #1 and #2. This should be a modeling experience for you so you can gradually take over this function yourself.

   B. During storytelling and "Free Play" period, you will be expected to utilize classroom management techniques from the modeling experience, under supervision.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   A. Pages 25 through 61, Planning An Instructional Sequence

   B. Handout #22

   C. The Is Does Plan Sheet

   D. Criterion Reference Testing

DAY FOURTEEN-----OCTOBER 27, 1972

CLASSROOM MANAGEMENT TECHNIQUES

1. TIME: Day two of two days

2. ACADEMIC MATERIAL

   a. Assignment: Read pages 88 through 107, Planning An Instructional Sequence

   b. We will continue using information from Handout #17

   c. We will also continue discussing information from the texts listed in 2c of Day Thirteen with emphasis on precise methods of setting up such programs in self-contained classrooms.

3. PRACTICUM EXPERIENCE

   a. Today, you will begin using group contingent methods in group activities with an emphasis on motor coordination programs and table games. The purpose will be to control maladaptive behaviors of the group and strengthen appropriate responding in group situations.

   b. You will continue practicing, under supervision, with Distar and the Expressive Language program with small groups.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   a. Pages 64 through 84, Planning An Instructional Sequence

   b. Chapter 10, Individual Instruction; check workbook assignment

   c. Lecture material from the two supplementary texts, Teaching: A Course in Applied Psychology and Contingency Contracting in the Classroom.

   d. Handout # 17

DAY FIFTEEN-----OCTOBER 30, 1972

EDUCATIONAL EVALUATIONS

1. TIME: One day

2. ACADEMIC MATERIAL

   a. Assignment: Read Chapter 11, Individual Instruction; complete exercises in workbook for chapter 11.

   b. There will be a discussion of the methods of selecting and assimilating items for criterion reference testing in the classroom; where these items can be found and what materials to use as well as their relevance to what you will be teaching.

   c. You will be introduced to the Utah Test of Language Development and how this test can be made applicable to the CDC students. This test renders a language age score and has a number of concrete items that can be used from a criterion reference viewpoint to begin language programming.

3. PRACTICUM EXPERIENCE

   a. Your supervisor will demonstrate the education evaluations used at CDC with an explanation of their relevance to future programming. This demonstration will be with a child and you are encouraged to take notes and discuss what went on following the demonstration. At a future time, you will be expected to administer such an evaluation.

   b. There will also be a demonstration of the Utah Test of Language Development with the same goals as above. Although this test is standardized and many of the items are too difficult for the CDC children, it can be used as a starting point in programming. Again, you should take notes and ask questions following.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   a. Pages 88 through 107, Planning An Instructional Sequence

   b. Handout # 17

   c. Lecture material from Teaching: A Course in Applied Psychology and Contingency Contracting in the Classroom.

DAY SIXTEEN-----OCTOBER 31, 1972

ILLINOIS TEST OF PSYCHOLINGUISTIC ABILITIES

PEABODY PICTURE VOCABULARY TEST

1. TIME: One day

2. ACADEMIC MATERIAL

   a. Lecture on the learning theory model from which the I.T.P.A. was developed. Handout #2 will be distributed to you to use along with the lecture. Although you may not be giving this particular test, it is one that is frequently used in schools today and can be used effectively with the mentally retarded. It is a departure from many test now being used in that it is diagnostic in nature rather than used as a classification instrument. We will go over the various subtests, what the are trying to measure and how you could begin effective programming from their results.

   b. The P.P.V.T. (Peabody) is a picture vocabulary test which does not render an accurate intelligence quotient but is a good departure point for teaching naming, classifying, matching, etc., skills. It should be used in that frame of reference only. It does not correspond with the Peabody Language Materials as well as the I.T.P.A. does.

   c. Assignment: Read Chapter 12, Individual Instruction; complete exercises in workbook for chapter 12.

3. PRACTICUM EXPERIENCE

   a. There will be an administration of the I.T.P.A. with a child from the CDC #2 classroom which you will observe. A discussion will follow the administration.

   b. There will also be an administration of the P.P.V.T. with a child. You will be asked to administer this test first to each other then with a child. It is not difficult to learn and is quick to administer.

   c. You will also continue with your precision recording on the CDC #1 and #2 children.

   d. You will continue practice with Distar and Expressive Language in both CDC classrooms.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:
   a. Chapter 11, Individual Instruction; check workbook assignment

   b. Utah Test of Language Development & Peabody Picture Vocabulary Test

   c. CDC educational evaluation items

DAY SEVENTEEN -----NOVEMBER 1, 1972

AVERSIVE CONDITIONING AND PUNISHMENT

1. TIME: One day

2. ACADEMIC MATERIAL

   a. A lecture will be presented on methods and procedures involved in effective punishment. There are several good references made to the concept and problems involved in a punishment framework. These will be discussed thoroughly. We will also cover the concept and uses of negative reinforcement and the "time out" procedure. Emphasis will be placed on the practical differentiation between these three and appropriate uses of them in a teaching situation. These concept will become important when training parents in behavior management in the home.

   b. Assignment: Read Chapter 13, Individual Instruction; complete exercises in workbook for chapter 13.

3. PRACTICUM EXPERIENCE

   a. There will an opportunity to observe punishment, aversive conditioning and negative reinforcement in the classroom. Some of these situations will have to be "manufactured" but keep in mind some of the concepts you observe for later reference to what is discussed in lecture.

   b. Today you will turn in your precision recording data on the children from both CDC #1 and #2 to be checked and returned to you for further recording.

   c. You will continue with practice with Distar with small groups.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   a. Chapter 12, Individual Instruction; check workbook assignment

   b. Illinois Test of Psycholinguistic Abilities

   c. Peabody Picture Vocabulary Test

DAY EIGHTEEN-----NOVEMBER 2, 1972

PSYCHOLOGICAL TESTS

1. TIME: One day

2. ACADEMIC MATERIAL

   a. Lecture presentation will be on theory development, test construction, types of validity and reliability, and general information to be given on individual intelligence, achievement, and personality tests. We will also discuss considerations in the testing sessions and limitations of psychological tests.

   b. A comparison will be made between standardized psychological and educational tests and criterion reference testing.

   c. There will be a presentation and description of items from:
      1. Wechsler Intelligence Scale for Children
      2. Wechsler Preschool & Primary Scale of Intelligence
      3. Stanford-Binet Intelligence Scale
      4. Bender-Gestalt and Beery
      5. Wide Range Achievement Test

   d. Assignment: Read Summary, Individual Instruction; complete the workbook exercises for the Summary.

3. PRACTICUM EXPERIENCE

   a. There will be a demonstration by the psychologist of as many of the above tests as possible with individual children from the CDC classrooms.

   b. You will continue with your precision recording on two children

   c. You will continue with your practice using Distar and the expressive Language program with partial supervision only.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   a. Chapter 13, Individual Instruction; check workbook assignment

   b. Lecture material on punishment, negative reinforcement, "time out", etc.

DAY NINETEEN----NOVEMBER 3, 1972

MOTOR COORDINATION

1. TIME: One day

2. ACADEMIC MATERIAL

   a. Assignment: Read Section IV from Families

   b. There will be a discussion of motor development levels in normal and mentally retarded children with reference to programming for deficiencies.

   c. We will also discuss several motor development measures and how to use them. You may refer back to Handout #5. There will be an introduction to methods such as the Jean Ayres program, the Valett program, the Purdue, etc.

   d. Handout #4---Gross Motor Training Activities Worksheet
   This handout is structured primarily for the younger children in CDC #1. It is composed of activities to develop gross motor coordination skills in an ongoing program which is used on a behavior contingent basis.

   e. Handout #8---Developmental Perceptual Motor Program
   This handout is to be used in supplement to Handout #4.

3. PRACTICUM EXPERIENCE

   a. You will be responsible for initiating a motor coordination training program for one child in both CDC #1 and #2, with your supervising teacher.

   b. Today you will hand in the precision recording you have done with the students from both classrooms. Also, you will write a program from these results and initiate the program in the classroom.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   a. Summary, Individual Instruction; check workbook assignment

   b. The Wechsler Intelligence Scale for Children

   c. The Stanford-Binet Intelligence Scale

   d. The Wechsler Preschool and Primary Scale of Intelligence

   e. The Bender-Gestalt and Beery

   f. The Wide Range Achievement Test

DAY TWENTY-----NOVEMBER 6, 1972

PRESENTATION BY STAFF PSYCHOLOGIST

1. TIME: One day

2. ACADEMIC MATERIAL

   a. Lecture will be on the CDC pre-vocational program, types of students involved, etc. It will also cover the new day care center operated by the CDC for preschool age children whose families are receiving D.P.A. funds.

   b. A discussion of some of the future plans of the CDC, projects being considered, etc.

   c. Film: "Teaching Language to Psychotic Children"
   This film depicts, longitunidally, Lovass' work with severely disturbed children. It focuses on immediate reinforcement methods, punishment techniques and several areas of self-help and academic programming.

3. PRACTICUM EXPERIENCE

   a. From the precision recording you have done, you will write up a complete programming sequence stating the objective (terminal and enroute), types of reinforcers and materials to be used. This will be for one child in each CDC classroom. You will then be responsible for implementing this program without supervision.

   b. This week you will be responsible for conducting the classrooms doing Distar and expressive language with individual and small groups without supervision.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   a. Section IV from Families

   b. Motor development levels with reference to programming

   c. Various motor coordination tests

   d. Handout #4

   e. Handout #8

DAY TWENTY-ONE------NOVEMBER 7, 1972

PRESENTATION BY STAFF SOCIAL WORKER

1. TIME: one day

2. ACADEMIC MATERIAL

   a. The lecture today will be given by the CDC social worker. It will include information concerning general social work services offered by the Child Development Center, referral procedures, how social workers can be utilized by you as a teacher, the philosophy of the Child Development Center programs, etc.

   b. Film: (?) (Englemann film): He demonstrates concept teaching of math facts, map reading, etc. It is a good indication of how Englemann structures and uses group reinforcements.

3. PRACTICUM EXPERIENCE

   a. The practicum today and for the remainder of the week will be as outlined yesterday; primarily, responsibility for each CDC classroom, carrying out your own programming, and Distar programs.

   b. Your performance will be observed but not supervised by the classroom teacher.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   a. Film: "Teaching Language to Psychotic Children"

   b. Lecture presentation by the CDC Staff Psychologist

DAY TWENTY-TWO------NOVEMBER 8, 1972

PRESENTATION BY DR. WAITE

1. TIME: one day

2. ACADEMIC MATERIAL

   a. The lecture today will be given by Dr. Wendon Waite, Snake River School District Psychologist. Dr. Waite has implemented a CDC satellite program in Blackfoot and can share with you some of his experiences in getting his program established. You are encouraged to ask him any questions that you think might be pertinent to your own situation.

3. PRACTICUM EXPERIENCE

   a. Same as yesterday in the classrooms.

   b. Go over the program you wrote for the two children, one in each classroom, with the supervisor. This will be to demonstrate how and why programming changes are made.

4. CRITERION REFERENCE

   You will be expected to complete items, at 90% accuracy on:

   a. Englemann Film

   b. Lecture presentation by the CDC Staff Social Worker.

DAY TWENTY-THREE------NOVEMBER 9, 1972

PRESENTATION BY MR. VANCE

1. TIME: one day

2. ACADEMIC MATERIAL

   a. The lecture today will be given by Mr. Charles Vance, Director of the S.E.I.C.D.C. It will relate primarily to administrative concerns of the satellite programs, how contracting is arranged, services to be provided and the CDC's responsibilities. You may have some purely administrative concerns, so this would be an appropriate time to clarify them.

   b. We will spend any remaining time going over information that has been presented or answering any questions you have.

3. PRACTICUM EXPERIENCE

   a. You will be responsible for turning in all data and programming you have been doing in the classrooms. Today will be your final day of practicum experience.

4. CRITERION REFERENCE

   There will be no criterion referenced testing today. You will be given a form on which to rate all aspects of the month-long training program, including your suggestions for change. We urge you to be completely candid and thorough on this as it serves as a program reference for us to make improvements in the training program. Please take this home with you if you need to and return it tomorrow.

DAY TWENTY-FOUR------NOVEMBER 10, 1972

FINAL CLASS DAY

Today will be comprised of the following:

1. Administration of the Teacher Training Post-Test.
2. Turning in the evaluation forms given to you yesterday.
3. Administration of a final examination(?)
4. Doing any make-up of the daily criterion reference tests.
5. Lunch with the staff.

CRITERION CHECKLIST

At the End of Week I, the Trainee Will:

1. Be able to list and describe (functionally) the TWO classrooms in operation through the Child Development Center. ☐
2. Be able to identify and describe the three types of teacher interactions in which he will be participating. ☐
3. Be able to list and define the basic terminology involved in the Lindsley system of precision recording. ☐
4. Complete test items from Chapters One through Seven of Individual Instruction at a 90%-accuracy level. ☐
5. Observe, then list 10 maladaptive group and individual responses. ☐
6. Observe, then list 10 adaptive group and individual behaviors. ☐
7. Identify, then list 5 teacher reinforcements of adaptive classroom behaviors. ☐
8. Identify, then list 5 maladaptive classroom behaviors for which withdrawal of teacher attention is used. ☐
9. Define the time-out procedure. ☐
10. Identify, then list 5 maladaptive classroom behaviors for which time-out procedures are used. ☐
11. Identify and list the two characteristics that are present in at least 80% of the children dealt with in the two CDC classrooms. ☐

At the End of Week II, the Trainee Will:

1. Have completed six hours of formal instruction in the use of the DISTAR program. ☐
2. Have completed: (a) one hour of supervised practice with the DISTAR program; (b) one hour of supervised practice with the language stimulation program; (c) one hour of supervised practice with the gross and fine motor coordination program. ☐
3. Be able to list and describe: (a) at least 5 factors involved in initiating a parent contact; and (b) at least 5 factors involved in setting up a home program. ☐
4. Have attended at least one parent group meeting conducted by the CDC teacher. ☐
5. Complete test items from Chapters Eight through Fourteen of Individual Instruction at a 90%-accuracy level. ☐
6. Complete test items from Families (all chapters) at a 90%-accuracy level. ☐
7. Have completed five days of precision recording on at least one child. ☐
8. Have completed at least one independent conduction of the story-telling period. ☐

At the End of Week III, the Trainee Will:

1. Have completed at least one hour of practice with the DISTAR program with small groups. /__/
2. Have completed the educational evaluation and initial programming for at least one child. /__/
3. Have completed initial contacting and home programming for at least one child and parents. /__/
4. Complete test items from the first 61 pages of Planning An Instructional Sequence at a 90%-accuracy level. /__/
5. Have completed precision recording, programming, and materials selection for at least one child. /__/
6. Have completed "teacher-made" home program for parents of at least one child. /__/

At the End of Week IV, the Trainee Will:

1. Complete test items from pages 64-106 of Planning an Instructional Sequence at a 90%-accuracy level. ☐
2. Have completed the educational evaluations and initial programming for at least one classroom. ☐
3. Have completed precision recording, programming, and materials selection for at least one classroom. ☐
4. Have conducted at least one parent group meeting to discuss child management procedures. ☐
5. Have conducted the daily operation of one small group, alternating between language and motor stimulation programs. ☐

At the End of Week V, the Trainee Will:

1. Have completed, without supervision, the educational evaluation, programming, materials selection, parent contact, home programming, and report dissemination on at least one new referral. ☐
2. Complete at least 3 referral forms for selected cases. ☐
3. Be able to demonstrate competency in both oral and written reporting according to supervisor's judgment. ☐
4. Be able to list names of and describe appropriate uses of at least 5 psychological and at least 5 educational tests. ☐
5. Be able to list and describe at least 5 principles of testing procedures. ☐
6. Be able to list and describe 5 ways in which the classroom teacher can utilize the services of a social worker. ☐

CLASS CONTENT FOR CDC CLASSROOM #2

Classroom Objectives

It is the purpose of this class to train for specific teaching skills and strategies which will increase the precision and effectiveness of the teaching task.

At the completion of the time spent in the clinical teaching program classroom, participants will have mastery in development and application of the following:

1. Program building adaptive response contingent behaviors by applying systematic sequential steps from physical imitation to following commands, according to Hewett's Developmental Sequence of Educational Goals.

2. Recognize and gain expertise in application of the basic behavioral paradigm in the typical classroom environment.

3. Acquisition and application of the "six steps to success": Pinpoint, Record, Task Analysis, Program, Change, Try Again.

4. Mastery of behavioral terminology.

5. Ability to program for behavioral change utilizing the "is-does" analysis.

6. Become proficient in application of all of the Expressive Language Programs (1 through 6).

7. Become proficient in application of all three of the DISTAR I programs: Language, Arithmetic, and Reading.

By systematic application of the above Language and DISTAR programs, teacher can:

a. Increase teacher effectiveness times 10.

b. Obtain maximum number of correct responses.

c. Bring all students to criteria on performance tasks.

d. Diagnose errors in performance of children and institute correctional procedures within 15 seconds.

e. Take students through instructional sequence with less than ten percent error.

f. Demonstrate proficiency in correct social reinforcements of appropriate student behavior.

SUBSTANTIVE CONTENT

There are many children who engage in non-productive stereotyped or psychotic behaviors. To extinguish these non-productive behaviors, the therapist must provide an alternate competing behavior.

The first step in building competing behavior, begins with gaining eye contact which is generally not present.

It is often necessary initially to prompt the desired eye contact by holding a primary reinforcer up to the eye and drawing it closer to the therapist until eye contact is made, again reinforcing immediately; fading of the prompt must follow.

Rate per minute is figured from the data on the collection sheet. The number of commands given and responses elicited divided by the observational minutes. Criterion would be 90% correct responses

Example:

Minutes	Movements	Rate
10	47 commands 15 responses	4.7 commands 1.5 responses

Concurrent programs utilizing physical imitation procedures are necessary in providing an alternate to the maladaptive behaviors.

The Expressive Language Program 1-6, which is included in this syllabus will be the major program utilized for non-verbal children. This program is written in such a way that shaping does occur in a systematic way. Criterion will be five correct responses on command, before moving to the next step in the program.

In order to become proficient in using the DISTAR material, it will be necessary to have two hours of formalized instruction in DISTAR methods and procedures. The participants will rotate through three 20 minute periods (Reading, Arithmetic and Language) with direct supervision occurring as needed. The 20 minute lesson will expant as proficiency occurs. Participants must go over the material they will be teaching prior to presentation of the lesson.

In order that expertise in recognizing and identifying behaviors in the classroom, the following is a brief definition of some of the behaviors that children may exhibit.

VERBAL

Verbal behavior is the use of words (as opposed to random vocalization or senseless babbling).

There are two types of verbal behavior. The first we can call "adaptive verbal behavior." Adaptive berbal behavior is meaningful, correct, nonrepetitive use of words. This includes answering a question, making a comment, leading or carrying on a conversation. This includes any use of words from the most primitive ("go", "hi", "bye") to complex conversation. Any appropriate use of words that makes sense is adaptive verbal behavior. Maladaptive verbal behavior is inappropriate or meaningless use of words. This includes several kinds of behavior that you may observe in the classroom situation. One is called "echolalia," which is the repetition of words that the child has heard before: "Hello, John," "How are you?" or "Go, go go" (repetition of onw word over and over).

Another kind of maladaptive verbal behavior is bizarre speech. This means putting words together in what one might term "word salads." Examples of this kind of verbal behavior would be "Fall in the balloon"; "Put the ledger on"; "Tomorrow we're going to scratch." These examples are sentences that have been overheard in the classroom. Caution must be exercised so that this type of verbal behavior is not reinforced. This behavior is like a verbal version of self-stimulation---sound input for the sake of input. Note, adaptive verbal behavior involves the use of words, not sounds. Babbling and other random sounds are sometimes part of a child's self-stimulatory repertorie and, again, reinforcement should not occur.

SELF-STIMULATORY BEHAVIOR

Self-stimulation is a kind of abnormal behavior. It includes a great number of atypical patterns of gestures and movements. It may occur when a child is using an object or when he is not. It is usually stereotyped or repetitive. It serves no observable goal or purpose. It does not create anything, and it does not seem to be an attempt of the child to communicate. The child may roll his eyes, cross them, look out of the corners of them, or squint them. He may stare intensely at lights, objects, or at his own body, such as his hands. He may grimace, suck his tongue and lips, or stick his tongue out repeatedly. He may put objects in his mouth. As to the whole head, he may rock it from side to side or allow it to fall forward, turning it slightly to the side with the eyes turned up or to the corners.

With the arms and shoulders, there are several typical forms of self-stimulation. The child may move the arms up and down at the sides of the body, slapping the hands from the wrist. He may flap his arms from the shoulder with the hands limp. He may hold his hands in very contorted gestures, often staring at them intensely. Use the whole torso, the child may assume rigid or contorted postures or he may engage in body rocking. Rocking usually occurs in some sitting position and is a forward and back motion more often than side to side. He may twirl himself, rub, scratch, or tickle various parts of his body. He may masturbate, jump repeatedly, or run from wall to wall. He may simply be walking on his toes or sucking his thumb. This is all included.

These behaviors have in common the fact that they all produce sensory input for what appears to be no other purpose than this stimulation itself.

AGGRESSION

Aggression is a destructive behavior against an object or another person. It includes hitting, biting, tearing, jabbing, kicking, slapping, scratching.

SELF-DESTRUCTION

This is any destructive behavior of the child against himself, such as banging his head against a wall, biting or hitting himself in an intense manner. Although there are no children who now engage in self-destructive behavior in the classroom, there are films available for you to view, and learning about the self-destructive behavior and how to extinguish it will be part of your formal classroom instruction. . .

TANTRUMS

A combination of any of the following---crying, screaming, yelling, whining, shouting---with the non-verbal behaviors---kicking, pounding, hitting, running, hollering, stamping, banging, or fussing---in general, if not directly against another person.

GROSS BODY MOVEMENT OR HYPERACTIVE BEHAVIOR

This behavior involves the whole body and is carried on for a long period of time. It effects no change on the environment and is similar to self-stimulatory behavior in that it is non-directed and for the sake of sensory stimulation. It differs in that it involves the entire body and is not necessarily repetitive. Examples would be circling the room, bounding about randomly, or jumping, flipping out of a chair; this type of behavior will be observable in the classroom.

The above behaviors are behaviors that children engage in that you will be observing, recording and programming will be developed to extinguish those behaviors which are maladaptive.

Sequential Listing of Handout Material

1. Child Development Center; Language Stimulation Activity List, Unpublished Manuscript, Pocatello, Idaho, 1972.

2. Kirk, Samuel A., et. al.; Illinois Test of Psycholinguistic Abilities, Record Form, University of Illinois, 1968.

3. Lindsley, Ogden; Daily Behavior Chart (DC-8), Behavior Research Company, Kansas City, Kansas.

4. Learning Laboratory; Gross Motor Training Activities, Unpublished training program, Pocatello, Idaho, 1969.

5. Frankenburg, William K., et. al.; Denver Developmental Screening Test, Report form, University of Colorado, Medical Center, 1969.

6. Fifield, Marvin; Suggestions for the Unmotivated Child, Unpublished Manuscript, Pocatello, Idaho, 1969.

7. Child Development Center; Data Collection Sheet, Adapted locally, Unpublished, 1972.

8. Barsch, Ray H.; A Developmental Perceptual Motor Program, Unpublished Manuscript, University of Houston, 1969.

9. Child Development Center; Hand Exercises for Use of Both Hands, Unpublished Manuscript, Pocatello, Idaho, 1972.

10. Child Development Center; Enrichment Activities, Unpublished Manuscript, Pocatello, Idaho, 1972.

11. Mecham, W. J.; "Developmental Schedules of Oral-Aural Language as an Aid to the Teacher of the Mentally Retarded," Mental Retardation, Vol. I, No. 6, 1963.

12. Child Development Center; Sequential Expressive Language Analysis, Unpublished Manuscript, Pocatello, Idaho, 1971.

13. Mager, Robert F.; "Refining Objectives," Preparing Instructional Objectives for Programmed Instruction, 1962, Fearon Publishers Inc., Palo Alto, California.

14. Keele, Doman K.; Classification of Mental Retardation, Unpublished Manuscript, Denton State School for Mentally Retarded, Denton, Texas, 1964.

15. University of Washington; Instructional Program for Pinpointing and Recording, Unpublished Manuscript, 1970 Seattle, Washington.

16. Fircrest School; Short Course in Operant Conditioning, Unpublished Manuscript, 1970, Seattle, Washington.

17. Lovitt, Tom C.; Classroom Management: An Empirical Approach, Laboratory Manual, 1970, Experimental Education Unit, University of Washington, Seattle, Washington.

18. Morrey, James G.; Behavior Modification Bibliography, Unpublished Manuscript, Southeast Idaho Child Development Center, 1972, Pocatello, Idaho.

19. Gould, Marcella; Class Content for Preschool Clinical Teaching Program, Unpublished Manuscript, Southeast Idaho Child Development Center, Pocatello, Idaho, 1972.

20. Doidge, Heidi; Hand Signals for DISTAR, Unpublished Manuscript, Granite School District, 1971.

21. Hewett, F. M., et. al.;"The Santa Monica Project: Evaluation of an Engineered Classroom Design With Emotionally Disturbed Children." Exceptional Children, 1969. University of California, Los Angeles, California.

22. Kunzelmann, Harold P., et.al., eds.; "Is-Does Plan Sheet," from Precision Teaching, 1970, Special Child Publications, Seattle, Washington.

23. Hedrich, Vivian; "Rx for Disruptive Students," American Education, July, 1972,

24. Keele, Doman K.; Overview of Mental Retardation, Unpublished Manuscript, Denton State School for Mentally Retarded, Denton, Texas, 1964.

25. Doidge, Heidi; Critical Procedures and Phrases - DISTAR, Unpublished Manuscript, Granite School District, Salt Lake City, Utah, 1971.

26. Doidge, Heidi; Basic Procedures and Phrases - DISTAR, Unpublished Manuscript, Granite School District, Salt Lake City, Utah, 1971.

27. Kunzelmann, Harold P., ed.; Precision Teaching, Chapters 2 and 4, 1970, Special Child Publications, Seattle, Washington.

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APPENDIX III

- Trainee Evaluation Summary
- Example Criterion Referenced Daily Exams

TRAINEE EVALUATION FORM

1. How would you compare this program to a similar one you might take at a university?

GP1	GP2	
1	2	Definitely better
2	1	Better in most areas
		The same as
		Poorer in most areas
		Definitely poorer

2. How would you rate the supervision you received in each of the three classrooms?

CDC #1 (Melody's Room)

GP1	GP2	
3	1	Excellent
		Good
	1	Average
	1	Fair
		Poor

CDC #2 (Marcy's Room)

GP1	GP2	
1	2	Excellent
2	1	Good
		Average
		Fair
		Poor

Bonneville

GP1	GP2	
1		Excellent
1	N/A	Good
1		Average
		Fair
		Poor

3. Do you think your instructors had good knowledge of the subjects they taught in the formal class?

GP1	GP2	
1	2	Yes, in all areas
2	1	Yes, in most areas
		Average
		Not in most areas
		Not in any areas

4. How would you rate the explanation and uses of the materials made available to you in the classrooms?

Composite of all the classrooms

GP1	GP2	
2	2	Excellent
4	2	Good
		Average
	2	Fair
		Poor

5. How did you like the sequence and arrangement of course content?

GP1	GP2	
1	2	Good
2	1	Average
		Fair
		Poor

6. How would you rate the sequence of increasing responsibility given you in the practical part of training?

GP1	GP2	
		Definitely too fast in all areas
		Too fast in some areas
1	3	Timed just right
1		Too slow in some areas
1		Definitely too slow in all areas

7. How would you rate your exposure to parent training techniques?

GP1	GP2	
2	1	Could function independently
		Would need supervision
1	2	Could use more exposure
		Still feel unsure
		Regard this training aspect as very weak

8. Was assistance and instruction by classroom personnel beneficial?

GP1	GP2	
3	3	Yes, very helpful
		Yes, sometimes helpful
		Usually not helpful
		Got no help

9. How often do you think you would use the method of task analysis and programming that you learned in your training?

GP1	GP2	
1	1	Always
2	2	Frequently
		About half the time
		Seldom
		Never

10. Was the presentation on precision teaching made concise and precise enough for you to have gained expertise in the practicum situation?

GP1	GP2	
2	3	Clearly presented
		Unclearly presented
1		Had to go to text for clarification
		Couldn't grasp the method from information given in presentation

11. Specifically indicate the strengths of the entire traineeship:

1. Well planned
2. Good cooperation and knowledgeable teachers
3. Use of behavior principles with trainees
4. Practicum and classroom involvement
5. Duration and intensity of the program
6. Reinforcing and programming concepts

12. Specifically indicate the weaknesses of the traineeship:

1. Too little parent contact and experience
2. Need more diverse lecturing
3. Classroom plans not followed close enough
4. Explain the purpose and role of trainee better
5. Was not paid on time
6. Need more practicum

TEST QUESTIONS

DAY TWO - CRITERION REFERENCE

1. Please list the three textbooks assigned to you and their authors.

2. List the names and functions of at least five Child Development Center personnel.

3. Differentiate the functions of C.D.C. classrooms #1 and #2.

4a. In the film, "Rewards & Reinforcements in Learning," why were the underachievers attending class after their regular classroom period?

b. What was the important concept being shown with the small child learning to tie her shoes?

TEST QUESTIONS

DAY FOUR - CRITERION REFERENCE

1. In the following example, identify the (a) elicitor, (b) behavioral response, and (c) reinforcer.

   "A child picks up a book he has seen, turns through its pages, and discovers he can identify many of the animals which are pictured."

   A. Elicitor: _____

   B. Behavioral Response: _____

   C. Reinforcer: _____

2. Specifically, what differentiates structured from incidental learning?

3. Which of the following is a teacher able to control in the learning situation? (Circle letter)

   A. Materials, programs, rewards

   B. Talking out, studying, crying

   C. Nervousness, shyness, aggressiveness

   D. Both A and B above

4. You have identified, now briefly define:

   A. Elicitor:

   B. Behavioral Response:

   C. Reinforcer:

5. Prescriptive teaching is most successful when it acheives (a) _____ _____ through employing terminal objectives that identify elements in the (b) _____

6. Briefly define what Peter calls "comcomitant development."

7. Give definitions from Handout # 16 on:

   A. Response:

   B. Behavior:

   C. Reinforcement:

   D. Postive Reinforcement:

   E. Schedule of Reinforcement:

   F. Shaping:

8. Why, according to Handout #16, should behavior be recorded objectively?

9. What was unique about the program described in the film, "Juniper Gardens?"

10. Workbook exercises completed satisfactorily.

    Yes _____ No _____

TEST QUESTIONS

DAY SEVEN - CRITERION REFERENCE

1. If a child responded equally well to food reinforcement and to tokens, the (a) _____ would be the more desirable reinforcement because (b) _____ _____ will not become a problem. (Fill in word)

   a. food / tokens

   b. hunger / satiation

2. How can a teacher identify a child's present maximum effective level of performance?

3. The exploration of _____ determines the level at which the instructional program would begin. (Fill in letter)

   A. Reinforcers
   B. Elicitors
   C. Behavioral responses
   D. None of the above

4. In doing diagnostic teaching, how is the teacher able to ascertain what an effective reinforcer is?

5. Workbook exercises completed satisfactorily. Yes _____ No _____

6. What were the four areas depicted in the film, "Who Did What To Whom, " in handling specific social learning situations?

7. From Handout #13, give a precise definition of a behavioral objective.

8. List at least 5 verbs that are useful in making objectives explicit in the area of general discrimination behaviors.

   1. 2. 3. 4. 5.

TEST QUESTIONS

DAY ELEVEN - CRITERION REFERENCE

1. What information should parents relate to you before you can begin effective parent-training sessions?

2. What is the single most difficult task in parent training, why, and what can you do to get around it?

3. What does Peter mean by "developmental" aspect of reinforcers?

4. Give an example of each of the seven levels above. They are manipulation, knowledge of results, primary, material, self-evaluation, token and social-verbal.

5. Briefly describe the procedure involved in conditioning a reinforcer.

6. Reinforcing a hyperative child for each minute of staying in his seat is an example of _____ schedule.

   A. fixed ratio
   B. variable interval
   C. fixed interval
   D. variable ratio

7. Differentiate between ratio and interval schedules of reinforcement.

8. Define negative reinforcement.

9. Satisfactorily completed the Instructional Program for Pinpoint and Recording.

10. Satisfactorily completed workbook assignment. Yes ____ No _____

TEST QUESTIONS

DAY FIFTEEN - CRITERION REFERENCE

1. One way to determine the sequence of en route behaviors is to (Circle letter)
   A. Distinguish previously unenountered factors in the sequence
   B. Identify the student's entry behaviors
   C. Reverse the order in which the en route behaviors were generated and teach the simpliest thing first
   D. Do none of the above first

2. Is the following question legitimate for a strategy of sequencing?

   "What does the learner need to be able to do before he can successfully perform the desired behavior?"

   Circle: Yes No

3. What is a method described by the authors of achieving instructional economy?

4. List and define (not by example) the four techniques that the authors indicate might be used in promoting perceived purpose.

5. List the three rules that will help in using the principle of preceived purpose more effectively

   1.

   2.

   3.

6. In deciding on the measuring instrument for evaluation of the instructional program, prime emphasis should be placed on (Circle letter)

   A. Its clarity to the student
   B. Devising the instructional objectives
   C. The standards appropriate for that particular grade level
   D. None of the above

7. Most important for the evaluation process, pre-assessment enables the teacher to (Circle letter)

   A. Make a rigorous statement regarding the students' behavior levels before instruction begins
   B. Attribute subsequent student behavior changes directly to the effects of his instruction
   C. Use informal techniques for quick evaluation
   D. A and B above
   E. B and C above

8. Student's mastery of a teacher's objectives is reflected in _____ Scores and indicates what?